

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	10/	1531	
OLPE CLASSIFIER		8	02-22-00
FORMALITY REVIEW		10073	3/2/00
RESPONSE FORMALITY REVIEW		11/76	5/2/00

INDEX OF CLAIMS

BEST AVAILABLE COPY

\_\_\_\_\_ Rejected  
 \_\_\_\_\_ Allowed  
 \_\_\_\_\_ (Through remarks) Canceled  
 \_\_\_\_\_ Restricted

H \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Into response  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

09/489,711

Claim	Date	Claim	Date	Claim	Date
1		51		1	
2		52		2	
3		53		3	
4		54		4	
5		55		5	
6		56		6	
7		57		7	
8		58		8	
9		59		9	
10		60		10	
11		61		11	
12		62		12	
13		63		13	
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31		81		31	
32		82		32	
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37		87		37	
38		88		38	
39		89		39	
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41		91		41	
42		92		42	
43		93		43	
44		94		44	
45		95		45	
46		96		46	
47		97		47	
48		98		48	
49		99		49	
50		100		50	

If more than 150 claims or 10 actions  
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